

ILLNESS OR DEATH

DISEASE REPORTING

In Washington

New requirements for the reporting of unexplained critical illness or death were instituted in December of 2000. In the first year of reporting, DOH received 5 reports. Based on data collected by other states that have been participating in the CDC active surveillance project for unexplained critical illness or deaths, Washington could expect approximately 120 cases per year.

It is important that clinicians report unusual disease occurrences or deaths to their local health departments even before they have completed a laboratory investigation.

Purpose of reporting and surveillance

- To identify emerging pathogens in Washington State.
- To raise the index of suspicion of a possible bioterrorism event.

Reporting requirements

- Health care providers: **immediately notifiable to Local Health Jurisdiction**
- Hospitals: **immediately notifiable to Local Health Jurisdiction**
- Laboratories: no requirements for reporting
- Local health jurisdictions: **immediately notifiable to DOH Communicable Disease Epidemiology: 1-877-539-4344**

CASE DEFINITION FOR SURVEILLANCE

Clinical criteria for diagnosis

Case meets all of the following criteria:

- Critical illness (an illness resulting in admission to the intensive care unit) or death in a person aged 1 to 49,
- Previously healthy with no preexisting known chronic medical condition (including malignancy; HIV infection; chronic cardiac; pulmonary, renal, hepatic or rheumatologic disease; or diabetes mellitus. The case should not have immunosuppressive therapy or disease, trauma thought to be related to illness, evidence of toxic ingestion or exposure, or nosocomial infection) prior to the onset of illness,

- Hallmarks of infectious disease (including at least one of the following: fever or history of fever, leukocytosis (total WBC count above the range for normal), histopathologic evidence of an acute infectious process, or a physician-diagnosed syndrome consistent with an infectious disease including: encephalitis/meningitis, fulminant hepatitis/hepatic failure, myocarditis, or ARDS/respiratory failure), and
 - Preliminary testing has not revealed a cause for illness or death.
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In 1993, two individuals from New Mexico with critical illness presented to the same physician. Upon the initiation of an investigation, hantavirus was identified and the reservoir was determined within 6 weeks of the first case presentation.

If bioterrorism is suspected the Department of Health will arrange for specialized laboratory testing, provide guidelines for treatment, prophylaxis and infection control and assist in field investigations.

In other states conducting surveillance for unexplained critical illness or death, the most common clinical syndromes reported are central nervous system (meningitis, encephalitis), respiratory, cardiac, sepsis/multiorgan failure and hepatic.

